

US EPA ARCHIVE DOCUMENT



ALB Engineering & Technology, PLLC

**Mining, Civil, Environmental Engineering
& Information Technology**

PO BOX 166, Hebron, KY 41048

Phone: (859) 982-9468 Fax: (859) 918-1516

December 14, 2009

Mr. Ross Bishop
Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

RE: Mitco Enterprises, Inc.
KPDES #: KYG046385
DNR #: 826-0630

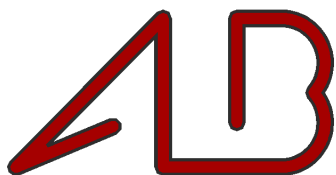
Mr. Bishop:

Please find enclosed Form 1 and Form C for the above-referenced permit application for individual permit coverage under KPDES. The application filing fee \$240 should have been already mailed to DOW the last week.

Should you have any questions and/or comments regarding this application please contact me at (859) 982-9468 or e-mail me at ballen@albEngrTech.com.

Respectfully submitted,

Beibei Allen, Ph.D., P.E.
President of ALB Engr. & Tech, PLLC
Director of Engineering & Permitting of
Jadco Enterprises, Inc.
Mitco Enterprises, Inc.
Chas Coal, LLC
Big Valley Coal, LLC



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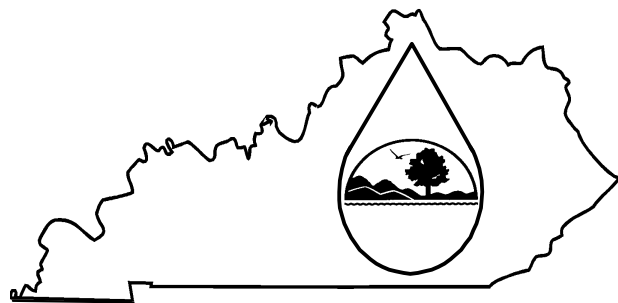
Mitco Enterprises, Inc. is requesting a waiver for the submittal of the analysis required in Section V of Form C, Intake and Effluent Characteristics. The structures SS-001 to SS-018 have not been constructed so no sampling can be taken for the time being. The required analysis will be submitted within two years of the date KPDES coverage is granted.

Should you have any questions and/or comments regarding this application please contact me at (859) 982-9468 or e-mail me at ballen@albEngrTech.com.

Respectfully submitted,

Beibei Allen, Ph.D., P.E.
President of ALB Engr. & Tech, PLLC
Director of Engineering & Permitting of
Jadco Enterprises, Inc.
Mitco Enterprises, Inc.
Chas Coal, LLC
Big Valley Coal, LLC

KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☒ Apply for a new permit.
☐ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

Surface Water Permits Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION

AGENCY
USE

A. Name of Business, Municipality, Company, Etc. Requesting Permit
Mitco Enterprises, Inc.

B. Facility Name and Location

Facility Location Name:

Brutus #2 Mine

Facility Location Address (i.e. street, road, etc., **not P.O. Box**):

0.3 mile East of Brutus on KY 1482

Facility Location City, State, Zip Code:

Brutus, KY 40972

D. Owner's name (if not the same as in part A and C):
Charlie Collins

Owner's Mailing Address: PO Box 115, HWY 66, Beverly, KY 40913

C. Primary Mailing Address (all facility correspondence will be sent to this address).

Facility Contact Name and Title: Mr. ☒ Ms. ☐

Charlie Collins

Mailing Address:

PO Box 38, 19485 South Highway 66

Mailing City, State, Zip Code:

Beverly, KY 40913

Facility Contact Telephone Number:

(606) 596-0110

Owner's Telephone Number (if different):

(606) 596-0111

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Surface re-mining (auger) the Hazard No. 4 coal seam at elevation of 1220' under DNR Permit No. 826-0630. The permit includes 36.58 acres of surface disturbance and 244.38 acres of underground disturbance. Total 18 sediment control structures (SS-001 to 018) are to be built to control surface drainage.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &
Description:

1221 Bituminous Coal and Lignite-Surface Mining

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:
Clay

City where facility is located (if applicable):
Brutus

C. Body of water receiving discharge:
Bullskin Creek

D. Facility Site Latitude (degrees, minutes, seconds):
37-14-48

Facility Site Longitude (degrees, minutes, seconds):
83-34-11

E. Method used to obtain latitude & longitude (see instructions): Topo map coordinates

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☐ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KYG046385

Issue Date of Current Permit:

Expiration Date of Current Permit:

Other DOW Operational Permit #:

Kentucky DMR Permit Number(s):

Sludge Disposal Permit Number:

826-0630

Other Existing Environmental Permit #:

Other Existing Environmental Permit #:

Other Existing Environmental Permit #:

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Beibei Allen, PhD, PE

DMR Official Telephone Number:

(859) 982-9468

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

ALB Engineering & Technology, PLLC

DMR Mailing Address:

2182 Blair Dr.

DMR Mailing City, State, Zip Code:

Hebron, KY 41048


VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed in "Form 1 Instructions" and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. For permit renewals, please include the KPDES permit number on the check to ensure proper crediting. Please see the separate document "General Instructions" for an expanded description of the base fee amounts.

Facility Fee Category:	Filing Fee Enclosed:
Surface Mining Operation	\$240

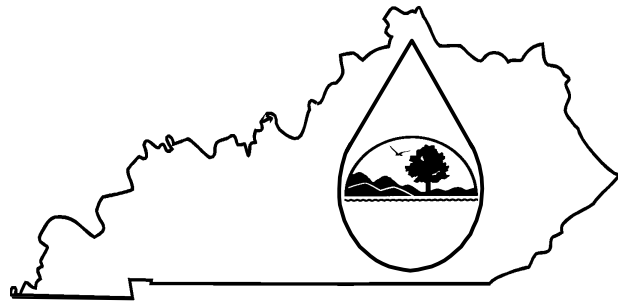
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	PHONE NUMBER: (606) 596-0111
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Charlie Collins, President	EMAIL: ccollins@jadco-enterprises.com
SIGNATURE 	DATE: 12/09/2009

Return completed application form and attachments to: **Surface Water Permits Branch, Division of Water, 200 Fair Oaks Lane, Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.**

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact Surface Water Permits Branch, (502) 564-3410.

Name of Facility: Mitco Enterprises, Inc.	County: Clay						
I. OUTFALL LOCATION	AGENCY USE						

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
SS-001	37	14	49	83	34	59	Wiles Branch
SS-002	37	14	56	83	33	54	Wiles Branch
SS-003	37	15	06	83	33	02	Wiles Branch
SS-004	37	15	10	83	34	52	Wiles Branch
SS-005	37	15	13	83	33	42	Wiles Branch
SS-006	37	15	16	83	33	30	Wiles Branch
SS-007	37	15	20	83	33	20	Wiles Branch
SS-008	37	15	24	83	33	28	Wiles Branch
SS-009	37	15	34	83	33	30	Wiles Branch
SS-010	37	15	44	83	33	27	Wiles Branch
SS-011	37	15	53	83	33	25	Wiles Branch
SS-012	37	15	01	83	33	36	Wiles Branch
SS-013	37	15	54	83	33	36	Wiles Branch
SS-014	37	15	45	83	33	37	Wiles Branch
SS-015	37	15	40	83	33	43	Wiles Branch
SS-016	37	15	32	83	33	44	Wiles Branch
SS-017	37	15	25	83	33	46	Wiles Branch
SS-018	37	15	25	83	33	55	Wiles Branch

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
SS-001	Surface runoff	23.12 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-002	Surface runoff	53.55 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-003	Surface runoff	24.86 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-004	Surface runoff	23.27 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-005	Surface runoff	44.35 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-006	Surface runoff	33.56 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-007	Surface runoff	32.96 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-008	Surface runoff	22.63 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-009	Surface runoff	26.91 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-010	Surface runoff	27.08 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-011	Surface runoff	42.13 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-012	Surface runoff	42.67 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-013	Surface runoff	45.24 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-014	Surface runoff	33.36 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-015	Surface runoff	34.32 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-016	Surface runoff	26.20 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-017	Surface runoff	21.48 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A
SS-018	Surface runoff	32.84 cfs (peak)	Sedimentation Discharge to surface water	1-U 4-A

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐

Yes (Complete the following table.)

☒

No (Go to Section III.)

OUTFALL NUMBER	OPERATIONS CONTRIBUTING FLOW	FREQUENCY		FLOW				
		Days Per Week	Months Per Year	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
(list)	(list)	(specify average)	(specify average)					

III. PRODUCTION

- A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?
- ☐ Yes (Complete Item III-B) List effluent guideline category:
- ☒ No (Go to Section IV)
- B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?
- ☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)
- C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

AVERAGE DAILY PRODUCTION			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

- A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.
- ☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

- B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

- A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

- D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
NONE			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐

Yes (List all such pollutants below)

☒

No (Go to Item VI-B)

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐

Yes (Identify the test(s) and describe their purposes below)

☒

No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒

Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)


☐

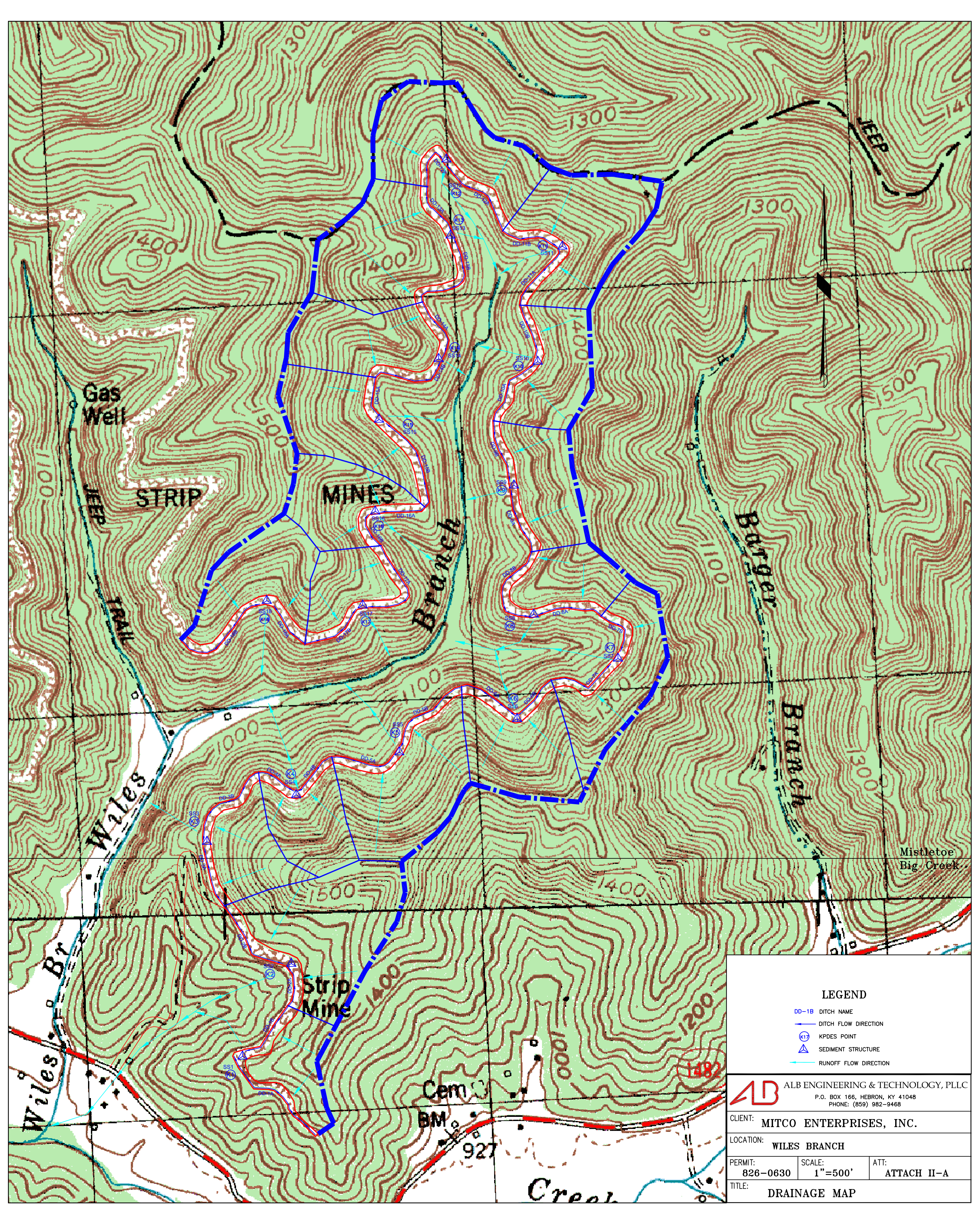
No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Appalachian State Analytical	181 Longview Drive Pikeville, KY 41501	(606) 437-5616	Total Suspended Solids Flow Conductivity pH Hardness (as mg/l CaCO ₃) Sulfate (as SO ₄) Total Recoverable Aluminum Total Recoverable Iron Total Recoverable Manganese Total Recoverable Antimony Total Recoverable Arsenic Total Recoverable Beryllium Total Recoverable Cadmium Total Recoverable Chromium Total Recoverable Copper Total Recoverable Lead Total Recoverable Mercury Total Recoverable Nickel Total Recoverable Selenium Total Recoverable Silver Total Recoverable Thallium Total Recoverable Zinc Free Cyanide Total Phenols

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Charlie Collins, President	(606) 596-0110
SIGNATURE 	DATE 12/09/2009



LEGEND

- DD-1B DITCH NAME
- DITCH FLOW DIRECTION
- KPDES POINT
- SEDIMENT STRUCTURE
- RUNOFF FLOW DIRECTION

ALB ENGINEERING & TECHNOLOGY, PLLC
P.O. BOX 166, HEBRON, KY 41048
PHONE: (859) 982-9468

CLIENT: MITCO ENTERPRISES, INC.

LOCATION: WILES BRANCH

PERMIT: 826-0630	SCALE: 1"=500'	ATT: ATTACH II-A
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TITLE: DRAINAGE MAP